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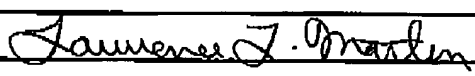
PTO/SB/21 (09-04)

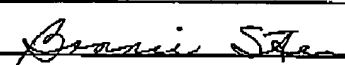
Approved for use through 07/31/2006. OMB 0851-0031
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/760,590
	Filing Date	January 16, 2001
	First Named Inventor	Kurt M. Kessler
	Art Unit	
	Examiner Name	CHANG, Celia
	Attorney Docket Number	USHMR2041 US NP 1
Total Number of Pages in This Submission		3

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div>1) "Fee Address" Indication Form - 1 pg.</div>
Remarks Attachments: 1) Change of Correspondence Address - 1 pg. 2) "Fee Address" Indication Form - 1 pg.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	AVENTIS PHARMACEUTICALS INC.		
Signature			
Printed name	Lawrence L. Martin		
Date	January 07, 2005	Reg. No.	46902

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: (USPTO FAX NO. 703-872-9306 ; Total No. of Pages Transmitted: 3)			
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PTO/SB/123 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

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CHANGE OF CORRESPONDENCE ADDRESS Patent	
Patent Number	U.S. 6,821,990 B2
Issue Date	November 23, 2004
Application Number	09/760,590
Filing Date	January 16, 2001
First Named Inventor	Kurt M. Kessler
Attorney Docket Number	USHMR2041US NP1

Address to:
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I am the:

☐ Patentee.

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ Attorney or Agent of record. Registration Number 46902

Typed or Printed Name **Lawrence L. Martin, Reg. No. 46,902**

Signature *Lawrence L. Martin*

Date **January 7, 2005** Telephone **908-231-4803**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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PTO/SB/47 (07-03)

Approved for use through 05/31/2006. OMB 0651-0016

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Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:

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OR

☐ Request for Customer Number (PTO/SB/125) attached hereto

in the following listed application(s) for which the Issue Fee has been paid for patent(s).

PATENT NUMBER (if known)	APPLICATION NUMBER
US 6,821,990 B2	09/760,590

Completed by (check one):

☐ Applicant/Inventor

Lawrence L. Martin
 Signature

☒ Attorney or Agent of record

46902
 (Reg. No.)

Lawrence L. Martin
 Typed or printed name

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed.
 (Form PTO/SB/96)

908-231-4803

Requester's telephone number

☐ Assignee recorded at Reel _____ Frame _____

January 7, 2004
 Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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